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Letter dated 30 May 2014 from the Permanent Representative of the Gambia to the United Nations addressed to the President of the Economic and Social Council

Attached herewith is the national report of the Gambia on progress towards the achievement of the internationally agreed goals, including the Millennium Development Goals, for the annual ministerial review to be held during the high-level segment of the substantive session of 2014 of the Economic and Social Council (see annex).

I should be grateful if you would have the present letter and the annex thereto circulated as a document of the Council, under item 5 (c) of the provisional agenda.

(*Signed*) Mamadou **Tangara**
Permanent Representative

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Annex to the letter dated 30 May 2014 from the Permanent Representative of the Gambia to the United Nations addressed to the President of the Economic and Social Council

National report for the national voluntary presentation of the Gambia to the Economic and Social Council

Summary

The present report provides a brief picture of the implementation of the Millennium Development Goals by the Government of the Gambia over the past few years. It highlights performance, identifies the key challenges encountered and features current policy interventions and lessons learned. The last section also sets out the next steps in the implementation process, serving as an invitation for new donor interventions. The presentation emphasizes five areas important to the Gambia for achieving integrated development, namely, poverty eradication, education, health, gender equality and sustainable development.

In general, considerable progress was registered in the implementation of international development goals. The overall poverty rate declined steadily by about 10 percentage points to 48.4 per cent in 2010 for the population below the poverty line of $1.25 per person per day from 58.0 per cent in 2003/04. The country will probably fall short of reaching the Millennium Development Goal target of halving poverty by 2015.

In education and health, stronger positive performance was registered. Progress in education is reflected across all key indicators. The population of pupils starting grade 1 reached 95.3 per cent in 2010, and thus the Millennium Development Goal target of 100 per cent is expected to be achieved; the retention rate is improving, though it requires greater effort; and literacy rates have increased nationwide. On the health front, child mortality indicators are improving satisfactorily. The under-five mortality rate declined to 109 per 1,000 live births from 131 and the infant mortality rate also decreased, to 81 from 93, between 2005 and 2010, respectively. The latter rate dipped further to 54 per 1,000 live births in 2013.

The progress in promoting gender equality presents mixed results. With respect to women's role in the decision-making process particularly, representation in the National Assembly is advancing, although at a snail's pace. Marked gains have been registered in gender equality in senior positions of the civil service, notably the Cabinet. There is still a gap in the school retention rate between boys and girls, and there remain challenges associated with capacity-building for women.

In terms of sustainable development, the Government of the Gambia has undertaken myriad measures to protect the environment and ensure sustainable livelihoods, while promoting economic growth.

Notwithstanding the remarkable progress and achievements accomplished, as noted in the present report, there are a number of outstanding issues that must be addressed by the Government of the Gambia and the international community to allow the Gambia to attain most, if not all, goals and targets of the Millennium Development Goals. Furthermore, good practices and lessons learned can be drawn from the implementation process undertaken so far.

I. Introduction

1. The Gambia is a small, open country classified by the United Nations as a least developed country with an estimated per capita income of $486,[a] a land area of 10,690 square kilometres and 1.9 million inhabitants. The country is surrounded on all sides by Senegal but for the Atlantic Ocean in the west. The country is divided into five administrative regions, the West Coast Region, the Lower River Region, the Central River Region, the Upper River Region and the North Bank Region, as well as the city councils of Kanifing and Banjul, the capital.

2. There are seven major ethnic groups in this predominantly Muslim country, with many Christian denominations and traditionalists. Peaceful coexistence in diversity, predicated on a very high degree of social tolerance, makes the Gambia a preferred destination for European tourists. The country's immigrant population features a microcosm of nationalities from throughout West Africa. Wide disparities in economic and social living conditions exist between urban and rural dwellers, providing additional dimensions to the already challenging tasks of reducing poverty and moving a subsistence-oriented and low-income country out of the least developed country category by 2020.

3. The country has significant fisheries resources, sun and ecotourism, buoyant entrepot trade and substantiated petroleum reserves. Agriculture remains the largest sector in the economy, accounting for about 32 per cent of gross domestic product (GDP) in 2010 and employing the bulk of the labour force.

4. The national economy has grown steadily over the past two decades, with an annual average growth rate of 6 per cent between 2007 and 2010. It contracted by 3.4 per cent in 2011 owing to crop failure occasioned by drought before recovering to grow at an annual average of over 6 per cent in 2012/13. A rebound in agricultural output and remittances that benefited consumption and the construction sector helped growth. The Government of the Gambia aims to accelerate economic growth to improve the living conditions of its people, meet Millennium Development Goals by 2015 and graduate from least developed country status by 2020.

5. In the African Human Development Report 2012, the Gambia is positioned at 165 out of 186 countries, with a Human Development Index value that rose from 0.323 to 0.439 between 1990 and 2012, or by 36 per cent. The Gambia has been one of the front-runners in West Africa in terms of improvements in human welfare during the period of implementation of the Millennium Development Goals. However, poverty remains widespread in rural areas and among youth, coupled with greater inequality and high unemployment.

6. The 2013 Global Hunger Index ranked the Gambia 33 out of 78 countries, with a score of 14, over the seriousness threshold of 10. Natural hazards, climate change, failed crops and higher food prices keep certain vulnerable groups in hunger during protracted periods.

7. Poverty reduction forms the cornerstone of the Government's development agenda. The 2010 integrated household survey revealed that the determinants of poverty are place of residence (rural poverty higher than urban poverty), average household size (larger households doing less well), educational attainment of head

[a] Source: 2014 projection in 2013 International Monetary Fund article IV consultations report.

of household (the lower the level of education, the worse off), gender of head of household (women less favoured), sector of employment of head of household (agriculture the least lucrative sector), and malnutrition (a symptom of poverty that has a higher incidence in the rural population).

8. The Gambia's experiences in poverty reduction and sustainable development initiatives date back to structural adjustment programmes in the 1980s, which were followed by the Programme for Sustainable Development in the 1990s. The Gambia also successfully implemented the Poverty Reduction and Growth Facility programme between 2007 and 2011 and qualified for the Heavily Indebted Poor Countries Debt Initiative (HIPC) in November 2007. "Vision 2020" in 1996, two poverty reduction strategy papers and the current Programme for Accelerated Growth and Employment, for the period 2012-2015, form policy frameworks mainstreaming the Millennium Development Goals into public policies and driving the country's poverty reduction and growth initiatives towards middle-income status. The principal objective of the Programme for Accelerated Growth and Employment is to accelerate growth and employment opportunities in order to increase welfare. It reaffirms the Government's strong commitment to achieving the Millennium Development Goals. The Programme has five pillars: accelerating and sustaining economic growth; improving and modernizing infrastructure; strengthening human capital stock to enhance employment opportunities; improving governance and fighting corruption; and reinforcing social cohesion and cross-cutting interventions.

9. The Programme for Accelerated Growth and Employment sets a target of an 11.5 per cent annual economic growth rate, which is intended to reduce the incidence of poverty by 15 percentage points and help the country achieve Millennium Development Goal 1 by 2015 and set the stage for meeting others. This level of growth was not reached as a result of unfavourable weather conditions in 2011. It is projected that halving poverty by 2015 will be a tall order.

10. The Gambia participated in the negotiations on the international environmental conventions and in the World Summit on Sustainable Development. The implementation of those conventions and the National Environmental Management Act 1994 through Gambia Environmental Action Plans 1 and 2 has been a priority of the Government. An institutional framework exists to integrate the three pillars of sustainable development: economic growth, social development and the protection of the environment.

11. Overall, by the planned timeline, the country stands to meet Millennium Development Goals 2 and 4 and to register substantial progress on Goals 3, 6, 7 and 8, while formidable challenges remain to achieving Goals 1 and 5. Following is a detailed presentation of necessary next steps for further progress by 2015, together with what has worked in the success stories.

II. Implementation of the Millennium Development Goals

A. Eradicate extreme poverty and hunger

1. Performance[b]

12. The incidence of poverty in the Gambia is greater in rural areas (the Lower River Region, the Central River Region, the Upper River Region and the North Bank Region) than in urban areas (Banjul, Kanifing and the West Coast Region). Poverty is largely a rural phenomenon: there are fewer paved roads, less connectivity to the electric power and telecommunications grids, less access to potable water and modern sanitation and fewer heads of households employed in agriculture. Other factors, shared by both rural and urban areas, are heads of families who are women or have little schooling or large families.

13. It has been observed that, since 2003, poverty has been decreasing in the Gambia. Overall poverty decreased from 69 per cent in 1998 to 58 per cent in 2003. The poverty assessments show that poverty decreased from 58 per cent in 2003 to 55.5 per cent in 2008. Using the less than $1 per person per day threshold as the discriminant, poverty decreased from 58 per cent in 2003 to 36.7 per cent in 2010. In comparison, using the less than $1.25 per person per day threshold, poverty decreased to 48.4 per cent in 2010. This builds on the strong progress made between 1998 and 2003, when this measure of poverty declined by about 25 percentage points. The incidence of poverty, in terms of those living on less than $1.25 per day, was much higher in rural areas (73.9 per cent) than in urban areas (32.7 per cent). However, an unprecedented spike in urban poverty because of rapid urbanization has aggravated urban unemployment.

14. The average per capita expenditure (consumption) of the fifth quintile, the richest domiciled in the greater Banjul area (the Banjul City Council) and the Kanifing Municipal Council) and the West Coast Region, is seven times higher than that of the first quintile, the poorest in the Central River Region. Thus, the marked decline seen in the number of those living under the poverty line was accompanied by a widening gulf between the richest and poorest, consistent with global trends.

15. Employment increased from 33 per cent in 1993 to 46 per cent in 2010. The vulnerable employed, the proportion of own-account and contributing family workers in total employment, rose marginally to 79 per cent in 2010 from 77 percent in 2003. The proportion was higher in rural areas.

16. Between 1996 and 2013, the prevalence of underweight children younger than 5 years of age fluctuated between a high of 21 per cent and 16.2 per cent. It was twice as high in rural areas as in urban areas. Likewise, malnutrition, a proxy for the proportion of the population living below the minimum level of dietary energy consumption, was higher among rural dwellers than among urban dwellers. Nationwide, stunting and wasting shot up to 25 per cent and 11.5 per cent, respectively. The former adversely affects the desired outcomes on child health and education.

[b] The table contained in the appendix presents performance statistics on the Millennium Development Goals.

17. The World Food Programme estimated that in 2013, approximately 370,454 people, or 19.5 per cent of the country's inhabitants, were vulnerable and in need of humanitarian assistance owing to recurrent natural hazards, high food prices, etc. Food insecurity has increased to 18 per cent nationwide because of the lagging effects of the 2011 crop failure, higher prices and poor-quality nutrition, including monotonous diets.

2. Key challenges

18. A key challenge for the country is to achieve inclusive growth to reduce the rural-urban gap, which mirrors the gulf between poorest and richest. Vulnerabilities at the local level associated with dependence on rain-fed agriculture show that climate change can cause significant setbacks in the fight against poverty. On the external front, higher import prices for oil and food destabilize private incomes and domestic financial balances and dampen economic growth.

19. Raising incomes in the agricultural sector remains a challenge. The growth potential for value addition with respect to primary products and marketing outlets for agricultural products, especially groundnuts, has not been realized.

20. Building capacity to generate timely and reliable statistics for measuring and monitoring poverty in all its dimensions remains a pervasive challenge that cannot be overemphasized.

21. The close correlation between income poverty and food poverty in rural areas is manifested in poor households' inability to afford minimum dietary requirements, which has serious nutritional and health implications, including poor feeding and substandard hygiene and sanitary conditions for under-five children.

22. It is noteworthy that during the past couple of decades there has been a surge in diseases such as diabetes and high blood pressure, which are greatly influenced by the eating habits, attitudes and behaviour of sufferers. If unchecked, the medical costs involved can push many families below the poverty line.

3. Policy interventions

23. The Programme for Sustainable Development of the 1990s placed sustainable development at centre stage in the national development agenda and has been sustained in "Vision 2020", poverty reduction strategy papers 1 and 2 and the Programme for Accelerated Growth and Employment. Women and youth employment, the poorest regions, agricultural workers and sustainable livelihoods are targeted in and central to the Programme for Accelerated Growth and Employment. It projects a double-digit annual growth rate over four years, with an emphasis on employment creation, while targeting infrastructure and agriculture, from which the bulk of the poor eke out a living.

24. Other policy initiatives to reduce poverty include the Poverty Reduction and Growth Facility programme implemented between 2007 and 2011 and supported by the Bretton Woods institutions, including the HIPC completion point reached in November 2007. The Government embarked on trade and employment programmes assisted by the United Nations Conference on Trade and Development and the International Labour Organization, under the Aid for Trade initiative, the National Agricultural Investment Programme and pro-poor fiscal budgeting. With World Bank support, the Government adopted the national strategy for food security and

the National Nutrition Programme. Following the United Nations Conference on Sustainable Development, Gambia Environmental Action Plans 1 and 2 have been central to the country's bid to achieve sustainable development.

25. In 2000, the Government announced the nutrition policy, enacted the Food Act and established the National Nutrition Agency, overseen by the National Nutrition Council and chaired by the Vice-President. The Council implements community initiatives targeting children to protect them and promote salt iodization, vitamin A supplementation and the integrated anaemia pilot programme. The Nutrition Surveillance Programme was established to monitor malnutrition (wasting) among under-five children living in primary health-care villages. The Maternal and Child Nutrition and Health Results Project, funded by the World Bank, is being implemented in the country's three poorest regions to improve maternal and child health. In 2013, the Food Safety and Quality Authority started operations to improve the nutritional status of the population.

26. The country periodically conducts integrated household surveys to measure poverty and multiple-indicator cluster surveys to assess the state of women and children. Other surveys and reports include a biannual Millennium Development Goal performance report, the Voluntary Service Overseas (VSO) disability and health care report 2012, and the migration and urbanization survey 2009. In addition, the country cooperates with the World Bank in relation to the *Doing Business* report.

4. Lessons learned

27. The experiences gained in the fight against poverty have shown the desirability of higher inclusive growth with commensurable employment and shared prosperity extended to deprived regions and agricultural workers as well as youth and women. Raising non-skilled wage rates is also pivotal.

28. The agricultural sector demonstrated resilience to external vulnerabilities as robust economic growth (6 per cent) was recorded in the midst of the global financial and economic crises in 2008/09. However, rain-fed agriculture is also vulnerable to the vagaries of the weather. A country with a river running its length and dividing it into two halves ought not to be totally dependent on rainfall. The answer is irrigation. The Government invites the international community to join Gambians in turning the shores of the Gambian River into a food basket. In addition, it is recognized that depressed incomes in the agricultural sector point to the urgency of value addition to primary products and agrobusinesses to increase farm returns.

29. Bearing in mind the question of their affordability, the issue of social mechanisms such as social safety nets for the poorest of the poor must be considered in order to narrow the disparity between the richest and poorest and eliminate extreme hunger.

B. Education

1. Performance[b]

30. The Gambia has registered remarkable success in achieving the Millennium Development Goal of universal primary education. The proportion of children starting school at grade 1 and reaching grade 5 declined slightly, from 97 per cent to

95.3 per cent, between 2005 and 2011. The net attendance ratio, a proxy for the net enrolment ratio, showed steady improvement from 44 per cent in 1990 to a peak of 74.5 per cent in 2012 before declining marginally to 73.4 per cent in 2013. Authorities are projecting that 100 per cent is achievable for both the retention and attendance ratios by 2015, particularly when madrasas are included. The literacy rates for women and men aged 15-49 stood at 45.0 per cent and 58.3 per cent, respectively, reflecting slight declines from the levels recorded in 2011.

2. Key challenges

31. Income poverty inhibits families from attending school when confronted with meeting basic non-fee costs such as uniforms, transportation fares and school materials. Other downside factors are cultural, such as teenage marriage by girls, performing household chores and support for farming and moneymaking activities. These factors affect girls more than boys, having an impact on retention at the secondary school level.

32. Achieving 100 per cent enrolment of boys and girls at age 7 in mainstream schools[c] remains a daunting task, as Islam-only schools (Daras or Karantas) continue to provide alternatives. Also, children born at home form the bulk of late birth registrations, which also negatively influences enrolment at age 7.

3. Policy interventions

33. The Government subscribes to Education for All and the Global Partnership for Education, which are at the forefront in achieving universal primary education. The Gambia has focused policy results that drive implementation in critical areas. With respect to access, the policy seeks to ensure that no child anywhere in the country has to walk more than two kilometres to get to school. The Government subsidizes the cost of education for girls. The national debate on the merits of educating girls is always reflected in the headlines of national media and the speeches of senior government officials to combat the cultural biases that keep girls out of school.

4. Lessons learned

34. Poverty and traditional practices are the most dogged factors impeding the enrolment and retention of girls in school. Focused interventions such as easier access, cost subsidies and feeding programmes have successfully alleviated the negative effects of poverty on scholastic performance. Advocacy that influences attitudes remains the preferred tool to counter the deleterious effects of traditional practices on girls' education. Having a female Vice-President of the Gambia has had positive demonstrative effects on girls in terms of staying in school.

C. Promote gender equality and empower women

1. Performance[b]

35. Steady progress has been registered over the years in achieving parity between girls and boys in primary, secondary and tertiary schools. The ratio of girls to boys

[c] State and private schools with no religious affiliation and Muslim and Christian schools that embrace the State-sponsored curriculum.

in primary school in 1990 was 0.74; by 2005 it had surpassed the 2015 one-to-one target. This level of performance was maintained at 1.05 in 2010. Similar positive performance was recorded at the secondary school level.

36. The multiple-indicator cluster survey (MICS) showed that the primary school ratio stood at 1.05 in 2010, while the demographic and household survey (DHS) indicated a marginal decline to 1.01 in 2013. Likewise, the secondary school ratio decreased marginally from 1.00 in 2010 (MICS 2010) to 0.96 in 2013 (DHS 2013).[d] Even with the lower DHS data, the gender disparity in primary and secondary education will be eliminated.

37. Parity between men and women progressed at the tertiary level from a ratio of 0.71 to 0.84 between 1990 and 2012, albeit a reversal from the 0.86 reached in 2010. However, given the higher dropout rate for girls than for boys at every school level preceding the tertiary, parity in 2015 at the tertiary level may be just out of reach.

38. Female representation in parliament is making slow progress, from a low base of 6.5 per cent in 2006 to 7.5 per cent in 2011 and 9.4 per cent in 2013. Given the latest ratio and the parliamentary elections scheduled for 2017, the target of 33 per cent in 2015 will not be achieved.

2. Key challenges

39. Higher retention of females at the secondary and tertiary levels of education is a prerequisite for improvement in the gender employment ratio. It is also imperative for further gains in terms of occupying senior positions in the public and private sectors. Poverty and cultural practices, including early marriage, impede the progression of girls and women to gainful employment in the non-agricultural sector.

3. Policy interventions

40. The Government ratified the Convention on the Elimination of All Forms of Discrimination against Women in 1979 and the Convention on the Rights of the Child in 1986. The Children's Act 2005 and the Women's Act 2010 incorporated these international best practices on the rights and the protection of women and children. The Gender and Women Empowerment Policy 2010-2020 ensures that these imperatives are major drivers in the country's socioeconomic transformation and development. The Women's Bureau, established decades earlier, paved the way for the strides that women are making in every sphere of development.

4. Lessons learned

41. The long-held marriage traditions that favour girls in their teens include some the hardest nuts to crack. Coupled with affordability, they constitute downside factors with respect to further improvements in terms of the retention rate of females at the higher educational levels and a larger share of the job market. While legislation on the rights of women deters their psychological and physical abuse and protects and empowers them, the habits and attitudes that subjugate them die hard,

[d] Source: Millennium Development Goals status report 2014.

and therefore advocacy is an indispensable tool to positively influence public perceptions with regard to gender equality and women's empowerment.

42. The paucity of statistics on gender blunts sharper policy tools and the monitoring and evaluation of the progress made in gender equality and women's empowerment. The Gambia Bureau of Statistics and the Women's Bureau are resolved to urgently address the data gaps.

D. Reduce child mortality

1. Performance[b]

43. The main causes of under-five mortality are malaria, diarrhoea and respiratory tract infections. Mortality rates are higher in rural areas than in urban areas, while Banjul and Kanifing record the lowest levels. Under-five and infant mortality rates improved over the past decade. Under-five mortality, at 141 deaths per 1,000 live births in 2000, decreased to 54 in 2013. Similarly, infant mortality declined from 98 deaths per 1,000 live births in 2000 to 34 in 2013. Thus, both the 2015 Millennium Development Goal target on under-five mortality of 67.5 deaths per 1,000 live births and the infant mortality target of 42 have already been achieved.

44. The combined effects of improved access to health services, particularly antenatal and postnatal services and immunization, access to a clean water supply and improved nutrition have resulted in significant reductions in childhood mortality over the past two or more decades. The measles immunization programme resulted in coverage of 92.4 per cent in 2005 and 95 per cent in 2013. This trend supports a projection that the Millennium Development Goal target of 100 per cent is within reach.

2. Key challenges

45. Access to quality health services is more readily available in urban areas than in rural areas. The nexus between poverty and poor health has been confirmed. However, budgetary constraints have precluded the availability of adequate supplies of essential drugs and equipment in public health facilities, while lower standards in living conditions have somewhat discouraged trained staff from working and staying in rural areas.

46. Urgent interventions are required in order to enhance storage and transportation facilities for drugs and vaccines. This is particularly relevant for the measles campaign to enable the country to reach 100 per cent coverage by 2015.

3. Policy interventions

47. The national health policy for the period 2012-2015 aims to reduce maternal and childhood morbidity and mortality through improvements in access to reproductive and child health services, clean portable water and effective nutrition. Specific actions include free maternal and child health services; improvements in the doctor-to-population ratio; better delivery of vaccines; and increased access to insecticide-treated nets to reduce morbidity from malaria. The policy sets a more demanding national infant mortality target of 28 per 1,000 by 2015, which is also within reach.

4. Lessons learned

48. The bulk of child mortality is associated with substandard neonatal conditions, malaria, diarrhoea, acute respiratory infections and epidemics such as measles or meningitis. To consolidate progress, the Government must achieve universal access to quality health care, including skilled birth attendants; combat malnutrition; and further improve immunization coverage.

E. Improve maternal health

1. Performance[b]

49. The Gambia is making long-sought-after inroads in reducing the high maternal mortality rate, one of the highest in West Africa. The maternal mortality rate was estimated at 360 per 100,000 live births in 2010, down from 730 per 100,000 live births in 2003. It is, however, estimated that the rate edged up again to 433 deaths per 100,000 live births in 2013. Notwithstanding this progress, the Millennium Development Goal target of 263 maternal deaths per 100,000 live births by 2015 will probably not be attained.

50. Steady gains were recorded in terms of the proportion of births attended by skilled health personnel, from 42 per cent of births in 1990 to 64 per cent in 2013. Consequently, the 63 per cent Millennium Development Goal target has already been achieved. However, it is quite apparent that capacity-building to ensure a critical mass of midwives and related skills is an imperative for further improvements, within the overall need to improve access to health services.

51. Family planning and contraceptives make it possible to space births by between three and five years, which increases the survival rate of children and their mothers. The Gambia's population growth rate has fluctuated widely, between 4.2 per cent in 1993 and 2.7 per cent in 2003 and then 3.3 per cent in 2013. Immigration made significant contributions to the high points, as the fertility rate declined to 5.6 per cent from 6.4 per cent during the same period. For traditional and religious reasons, using contraceptives is not popular, especially among the rural population. A 2001 survey showed a contraceptive prevalence rate ranging between 6.7 per cent and 13.4 per cent and declining to about 9 per cent in 2013, making the 2015 Millennium Development Goal target of 30 per cent out of reach.

52. The Gambia did better than the minimum, recommended by the United Nations Children's Fund (UNICEF) and the World Health Organization, of at least four antenatal care visits during a pregnancy. Women aged 15-49 years who had given birth in the two years preceding the survey and had made at least four antenatal care visits rose to 77.6 per cent in 2013 from 72 per cent in 2010. However, the Millennium Development Goal target of 100 per cent by 2015 is unlikely to be met.

2. Key challenges

53. Areas in need of urgent improvement include: inadequate emergency obstetric care services, due mainly to inadequate basic reproductive health equipment, supplies and qualified personnel; inadequate coverage of blood transfusion services and laboratory services for diagnostic testing; a shortage of skilled health professionals in rural areas; a weak health-care referral system; low contraceptive

use, due mainly to sociocultural beliefs and practices; inadequate lifesaving essential medicines and medical supplies; poor nutrition among pregnant and lactating mothers; and late registration of pregnant women in antenatal clinics.

3. Policy interventions

54. The national health policy for the period 2012-2020 ushered in a national reproductive health community security strategy for the period 2014-2018 with the following vision: "A Gambia in which every pregnancy is wanted, every child birth safe, and every young person's potential fulfilled". A national goal is set to achieve universal access to reproductive health, promote reproductive rights and reduce maternal mortality by 50 per cent of 2013 levels by 2018.

55. The national health policy promotes cost-free maternal and child health services and seeks to strengthen round-the-clock emergency obstetric care and emergency neonatal care, postnatal reviews and audits. Other strategies include a minimum reproductive and child health package, increasing awareness of sexual, reproductive and child health issues and creating opportunities for the improvement of the nutritional status of vulnerable groups.

4. Lessons learned

56. Family planning to reduce unwanted pregnancies, the presence of skilled birth attendants at deliveries, and access to emergency obstetric and neonatal care will yield maximum benefits if they are extended in rural and remote communities. Advocacy through public debates on radio and television to popularize family planning must be enhanced to combat prevailing objections.

57. The limited availability of emergency obstetric and neonatal care impedes improvements in the maternal mortality rate. Indeed, further success is limited by an inadequate number of skilled attendants and inadequate infrastructure, supplies and management. There is an urgent need for human and institutional capacity-building in the health sector. The Government has fiscal rules for the earmarking of outlays to the health and education sectors; however, given the magnitude of current needs, further intervention by donors and non-governmental organizations is welcomed.

F. Combat HIV/AIDS, malaria and other diseases

1. Performance[b]

58. Since the first case of HIV was diagnosed in the Gambia in May 1986, prevalence levels have been relatively stable, with higher rates observed for HIV-1 than for HIV-2. The results of the 2013 demographic and health survey showed a national HIV prevalence rate of 1.9 per cent. Across regions, prevalence ranged between 1.1 per cent in Banjul and 2.9 per cent in the Lower River Region. While the Central River Region and the West Coast Region prevalence rates also exceeded 2 per cent, the rest of the regions were below that level. It is estimated that 28,268 people in the country are living with the HIV virus, with the highest proportion (nearly half) of that number living in the West Coast Region and the smallest in Banjul. There has been an uptick in HIV prevalence over the years, with ominous consequences for health service delivery.

59. Malaria remains the leading cause of death in the Gambia, particularly among children under 5 years of age. In response, insecticide-treated nets, intermittent preventive treatment of pregnant women and new guidelines have registered successes against the disease. However, prevalence remains high nationwide; between 2011 and 2013, the number of malaria cases rose from 10,000 to about 85,000, with peaks during the period from September to November and troughs in the period from March to May.

60. Tuberculosis disproportionately affects the most productive (15-59) age group, males and urban inhabitants. About 80 per cent of the tuberculosis cases notified in 2011 were from the greater Banjul area. Tuberculosis prevalence, as determined from a sample of 43,100 smears, was 85/100,000. The smear-positive results were higher for males, at 145/100,000, than for females, at 43/100,000. In rural areas, smear-positive results were 79/100,000, compared with 92/100,000 in urban areas. The Gambia attained the 70 per cent target for notification of new cases detected. Since 2009, the treatment success rate has exceeded 85 per cent.

2. Key challenges

61. Timely data on supplies and consumption patterns with respect to HIV/AIDS are required for the country to remain supplied with drugs. Computerization is required to monitor the stock levels of drugs. Early infant diagnosis provides a critical opportunity to strengthen follow-up of HIV-exposed children, ensure early access to antiretroviral treatment and provide information to reassure the families of uninfected children. The health services can now test for HIV in children aged 6 months and older. Stigmatization complicates treatment for the disease, and therefore advocacy is required to change attitudes and behaviour. Wider dissemination of knowledge about the pandemic is also an indispensable tool in controlling its spread.

62. Whereas the new malaria treatment guidelines require confirmation of the presence of malaria parasites in blood samples, laboratories are not available in some rural areas. Mobile units have been introduced as stopgap measures. The use of insecticide-treated nets in the prevention of malaria, particularly in urban households, consistently falls below coverage targets.

3. Policy interventions

63. The National HIV/AIDS Strategic Framework for the period 2009-2014 was developed in partnership with international donors, local non-governmental organizations and the United Nations system. It was mainstreamed into the Programme for Accelerated Growth and Employment to build capacity for HIV research, monitoring and evaluation and surveillance, the conduct of an HIV survey of population aged 15-49 years and the conduct of a gender analysis of the vulnerability of children, adolescents and adults to HIV and AIDS. Various interventions have led to greater awareness of HIV/AIDS/sexually transmitted diseases, research on the pandemic, the promotion of condom use, and safer blood transfusions and storage, as well as enhanced targeting of vulnerable groups.

64. Malaria places pressures on personal incomes and the national health system and results in lost productivity in the workplace. The national health policy for the period 2012-2020 promotes a community-based approach to fighting malaria, emphasizing prevention and control. The National HIV/AIDS Strategic Framework

aims to provide a framework for the reduction of the malaria burden by 50 per cent by 2015. It consolidates integrated disease surveillance, integrated management of newborn and childhood illnesses, reproductive and child health and the health management and information system. The main approaches include case management, malaria in pregnancy, vector control and personal protection, management and partnership, information, education and communication, advocacy, surveillance and research. In addition, government tax and tariff waivers are in place for the importation of bed nets.

65. Established in 1984, the National Leprosy and Tuberculosis Programme adopted a directly observed treatment short course in 1985 and enhanced it in 1993, while coverage steadily increased to 100 per cent. The national health policy proposed additional activities on advocacy, communication, social mobilization and intersectoral coordination to benefit from synergies between tuberculosis and HIV therapies. These measures would reduce co-infection and improve treatment of tuberculosis.

4. Lessons learned

66. Despite the major gains made in the detection and treatment of new cases of tuberculosis, it is worrisome that undetected cases still exist. The disease continues to be based predominantly in urban areas, where most of the population resides.

67. While the prevention of new HIV infections will remain the priority, caring and support services, including the establishment of antiretroviral therapy centres, need to be scaled up. The full package of services needs to be expanded and sustained among appropriate target groups. Blood transfusion services should ensure proper screening and adherence to appropriate guidelines in the administration of blood and blood products.

68. In addition, funding and donor support for tuberculosis and malaria control should be more diversified. New drugs are required to fight the malarial parasites, which have developed resistance to certain traditional treatments. The distribution of insecticide-treated nets should be expanded. Early detection and effective treatment of malaria through comprehensive primary health-care approaches with community participation should be expanded.

G. Ensure environmental sustainability

1. Performance[b]

69. The national forestry assessment for the period 2008-2010 concluded that the Gambia's forests are "visibly degraded" and adversely affecting the livelihoods of the rural population. Climate change, including drought, is fostering the encroachment of typically "Sahel" conditions in more parts of the country. Particularly in urban areas, charcoal remains the energy of choice for cooking, which is causing the widespread destruction of forests. The high population density of about 176 persons per square kilometre is fuelling these pressures. It is estimated that the land area covered by forest stood at 48 per cent in 2010, and achieving the Millennium Development Goal target of 50 per cent by 2015, while a modest goal, will be an uphill battle.

70. The greenhouse gas inventory (2007) estimated carbon dioxide (CO_2) emission levels at 216,018 tons in 2001. Per capita emissions rose to 4.42 in 2005[c] and remained unchanged in 2007, compared with 0.2 in 2001. Total emissions by vehicles accounted for 60 per cent of the total. However, this sharp rise was contradicted by national figures that put the 2010 level at 0.187 in 2010. The disposal of solid waste is a daunting problem in the greater Banjul area, and burning, which is common, adds to CO_2 emissions.

71. Access to safe drinking water is a success story, increasing to 91 per cent of households nationwide in 2013 from 69 per cent in 1990, well over the Millennium Development Goal target of 85 per cent by 2015. However, it also reflects the rural-urban divide, with 94.8 per cent for the former and 78 per cent for the latter in 2010, compared with 95.3 per cent and 84.7 per cent in 2013.

72. The proportion of fish stock within safe biological limits decreased to 75 per cent in 2010 from 88.8 per cent in 1990. The lack of safe biological limits, due largely to overfishing using inappropriate nets and to climate change is a cause for concern. The fisheries sector consists of an artisanal subsector and an industrial subsector. While the former provides jobs, particularly for women and youth, the latter does not compare favourably. However, additional jobs are derived from the industrial subsector if the processing of catches is carried out locally.

2. Key challenges

73. Although sustainable development is central to the policy of the Government of the Gambia, forest conservation remains a formidable challenge against household needs and crop production, while rapid urbanization, overcultivation and overgrazing remain problems. Yet, recovery schemes such as the enrichment of degraded land and alternative sources of affordable energy for households have not succeeded. For efficient and effective planning of the country's land space to meet competing uses, reliable mapping involving aerial surveys is required.

74. Rapid urbanization is making it difficult for the water supply infrastructure to keep pace and, coupled with the budgetary constraints that are slowing down expansion in rural areas, could mean that the attainment of 100 per cent access to clean water throughout the country, while within reach, will happen post-2015.

75. To conduct surveys on the proportion of fish stock within safe biological limits, the Government relies on the Food and Agriculture Organization of the United Nations. Owing to a lack of quality statistics on this indicator, it is difficult to measure progress. Anecdotal evidence suggests the excessive exploitation of marine fish species. Robust responses to address this problem require modern scientific methods of enquiry.

3. Policy interventions

76. The Government of the Gambia has ratified the Convention on Biological Diversity, the United Nations Framework Convention on Climate Change, the United Nations Convention to Combat Desertification, the Convention on International Trade in Endangered Species of Wild Fauna and Flora and the Convention on Wetlands of International Importance especially as Waterfowl

[c] Source: United Nations Environment Programme report (2004).

Habitat. These form inputs into the country's agriculture and natural resources policy and Forest Act. Felling trees to produce charcoal was banned as early as the 1980s. "Vision 2020" proclaims "a balanced eco-system and a decent living standard for all by conserving the environment and promoting the rational use of the nation's natural resources". The main objectives of the Gambia Environmental Action Plan 2 are to promote environmental sustainability and conservation and to combat the effects of climate change due to the emission of greenhouse gases, inter alia, to enable sustainable livelihoods.

77. Access to portable and quality water is supported by donors such as the Japan International Cooperation Agency, the UNICEF country programme, the Saudi Sahelian Project, the UNDP Cap 2015 project, the Christian Children's Fund, the Community-Driven Development Project and the European Development Fund and has registered significant contributions to increased access to clean water, particularly in rural areas.

4. Lessons learned

78. The health and other requirements of fish-importing countries in the North require closer dialogue and technical assistance to allow the exporters in the South to meet them. In de facto terms, these requirements constitute veritable barriers to trade, and North-South cooperation is required to facilitate access.

79. The Government of the Gambia has enacted myriad legislation, regulations and action plans for environmental conservation and protection. The tasks of the conservation and management of natural resources, water, forestry and fish resources require specialized competencies that the Government must develop to give its policies better chances of success.

H. Developing a global partnership for development

1. Performance[b]

80. The list of development partners that the Government of the Gambia has nurtured over the years is typical of many South Saharan African countries and spans the entire globe. The current partners are the United Nations family, the Bretton Woods institutions, the European Union, African regional and subregional institutions, the Economic Community of West African States, developed economies in the North, larger economies in Asia and Latin America, the Gulf Cooperation Council, emerging markets in Eastern Europe and other African countries. What unites all these diverse players is that all are stakeholders in the Gambia's development.

81. The Government has implemented two poverty reduction strategy papers, with predominantly external financial assistance serving as frameworks for donor support. The partners were as varied as the list set out in the preceding paragraph. The cost of poverty reduction strategy paper 2, for the period 2007-2011, amounted to $752 million, of which $100 million, or 13.3 per cent, came from domestic sources and 86 per cent from donors in the form of grants and loans as well as debt relief. In 2007, The Government reached the completion point under the enhanced Heavily Indebted Poor Countries Debt Initiative and the Multilateral Debt Relief Initiative and received significant debt relief, including from the Paris Club. The

Gambia's classification with respect to risk of debt distress was downgraded to "moderate" from "high".

82. However, this desirable debt profile is currently showing a larger domestic debt, which accounted for 34 per cent of GDP in 2012, against 77 per cent of GDP in total public debt. Given the prevailing high interest rates on mostly treasury bills, about 22.5 per cent of government revenues in 2012 were used to service this debt.

83. The Programme for Accelerated Growth and Employment for the period 2012-2015 includes 130 programmes and projects at a total cost of $943 million. Of this amount, $292 million provides for ongoing activities, with the remaining $651 million, an annual average of $162.8 million, representing the financing gap to be filled over four years and expected from partners. The Government will provide $227.7 million, or 35 per cent, of the required investments. Furthermore, the Government is implementing an extended credit facility with the International Monetary Fund to consolidate stable macroeconomic conditions and facilitate growth and the implementation of the Programme for Accelerated Growth and Employment.

2. Key chalienges

84. The successful implementation of the Programme for Accelerated Growth and Employment will depend on Gambians, the requisite technical competences and the filling of the financing gap. The contributions of development partners to provide technical assistance and funding are indispensable to further reduce extreme poverty in the Gambia. Thus, the successful achievement of the Millennium Development Goals and poverty reduction is inextricably linked to obtaining results from the Programme for Accelerated Growth and Employment.

85. It is widely acknowledged that a major downside risk faced by resource-constrained developing countries in meeting the Millennium Development Goal targets is the inadequacy of the aid provided to enable them to undertake the needed projects and programmes. It remains a challenge for developed countries to keep to the promise of the United Nations target of allocating 0.7 per cent of their gross national income in overseas aid to support development in least developed countries. Further efforts are needed to this end, as only a few countries have performed well.

3. Policy interventions

86. The Programme for Accelerated Growth and Employment represents the policy framework for the Gambia's fight against extreme poverty and hunger to promote inclusive growth and sustainable development and usher in decent and equitable living standards for its citizens. At the same time, the Government is designing the Gambia aid policy and has confirmed the debt management policy.

87. The Gambia aid policy is inspired by the international best practices enunciated in the Monterrey Consensus of the International Conference on Financing for Development (2002), the Rome (2003) and Paris (2005) Declarations on Aid Effectiveness and the Accra Agenda for Action (2008) and is in the spirit of the Busan outcome document (2011). The Gambia aid policy brings together institutional, regulatory, operational and accountability tools for sourcing and

managing external aid resources, especially grants and loans, that qualify as official development assistance.

4. Lessons learned

88. Over the past decade, there has been a discernible shift from loans to grants on the part of donors. The country has also funded the current account deficit from non-debt flows to attract foreign direct investment. However, these efforts must be supplemented by loans and grants in order to fund the Programme for Accelerated Growth and Employment and achieve more Millennium Development Goal targets by 2015.

III. Conclusion

89. Overall, the Gambia ranks among the success stories in the implementation of the Millennium Development Goals. The country has registered more achievements than shortcomings. The following stand out in the present report:

- The Gambia is set to meet all the Millennium Development Goals, a few of them beyond the timeline of 2015. However, eradicating extreme poverty and hunger requires more efforts. Going forward, the Gambia needs to fully implement the Programme for Accelerated Growth and Employment in order to make further gains in poverty reduction and maintain momentum to meet more of the Millennium Development Goals and keep the population out of poverty well beyond 2015;
- Going forward, sustained global partnerships are required to maintain the spirit of the Millennium Development Goals to make this world a better place in which to live for all its inhabitants, while we resolve to leave our natural environment no worse off than we found it. Yes, we can!

Appendix

The Gambia's performance on the Millennium Development Goals

Goal 1: Eradicate extreme poverty and hunger	*2003*	*2010*	*2014*	*Target*	*Status*
Target 1A:	58.0% less than $1 per day (IHS, 2003)	39.6% less than $1 per day (IHS, 2010)		15%	Slight improvement
• Halve between 1990 and 2015 the proportion of people whose income is less than $1 per day		48.4% less than $1.25 per day (IHS, 2010)			
• 1.2 Poverty gap ratio	25.1% (IHS, 2003)			N/A	No update
• 1.3 Share of poorest quintile in national consumption	8.8 (IHS, 2003)	5.60 (IHS, 2010)		8%	Declined
• Employment-to-population ratio	0.33 (census, 2003)	0.46 (IHS, 2010)		N/A	Very large deficit in decent work
Target 1B:					
• Achieve full and productive employment and decent work for all, including women and young people					
• 1.4 Growth rate of GDP per person employed	N/A	N/A		N/A	
• Employment-to-population ratio	0.33 (census, 2003)	0.46 (IHS, 2010		N/A	Slight improvement
• 1.6 Proportion of employed people living on less than $1 per day	N/A	40.0% (IHS, 2010)		N/A	
• 1.7 Proportion of own-account and contributing family workers in total employment	0.79 (census, 2003)	79.0% (IHS, 2010)		N/A	No improvement

Goal 1: Eradicate extreme poverty and hunger	*2003*	*2010*	*2014*	*Target*	*Status*
Target 1C:					
• Halve, between 1990 and 2015, the proportion of people who suffer from hunger					
• 1.8 Prevalence of underweight children under 5 years of age	20.3% (MICS, 2005)	17.4% (MICS, 2010)	16.2% (DHS, 2013)	10.4%	Slight improvement
• 1.9 Proportion of population below minimum level of dietary energy consumption	N/A	N/A		N/A	

Goal 2: Achieve universal primary education	*2005*	*2010*	*2014*	*Target*	*Status*
Target 2A:					
• Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling					
• 2.1 Net enrolment ratio in primary education	77.0% (2008)	72.0% (2011)	60.1%	100%	
• 2.2 Proportion of pupils starting grade 1 who reach last grade of primary	96.6% (MICS, 2005)	95.3% (MICS, 2010)		100%	Slight deterioration
• 2.3 Literacy rate of 15-24-year-olds, women and men (literacy rate is measured for people aged 15-49 in the DHS)	62.9% (census, 2003) (Females, males)	N/A	45.0% (Females) 58.3% (Males)	72.0%	Progress cannot be measured because of lack of data

Goal 3: Promote gender equality and empowerment of women	*2005*	*2010*	*2014*	*Target*	*Status*
Target 3A:					
• Eliminate gender disparity in primary and secondary education, preferably by 2005 and in all levels of education no later than 2015					Close to parity
• 3.1 Ratios of girls to boys in primary, secondary and tertiary education	Primary 1.03 (MICS, 2005)	Primary 1.05 (MICS, 2010)	Primary 1.01 (DHS, 2013)	1.0	High share
				N/A	
	Secondary 0.83 (MICS, 2005)	Secondary 1.00 (MICS, 2010)	Secondary 0.96 (DHS, 2013)	N/A	
• 3.2 Share of women in wage employment in the non-agricultural sector	N/A	77% (IHS, 2010)		N/A	Moderate share
• 3.3 Proportion of seats held by women in national parliament	Parliament 1.06%	Parliament 7.5% (2012)	Parliament 9.4% (2014)	33%	Low representation
	Local councils 13.91%	Local councils 13.91%		33%	

Goal 4: Reduce child mortality	*2005*	*2010*	*2014*	*Target*	*Status*
• 4.1 Under-five mortality rate	131 per 1,000 (MICS, 2005)	109 per 1,000 (MICS, 2010)	54 per 1,000 (DHS, 2013)	67.5 per 1,000	Target achieved; significant improvement
• 4.2 Infant mortality rate	93 per 1,000 (MICS, 2005)	81 per 1,000 (MICS, 2010)	34 per 1,000 (DHS, 2013)	42 per 1,000	Target exceeded
• 4.3 Proportion of 1-year-old children immunized against measles	92.4% (MICS, 2005)	87.6% (MICS, 2010)	88% (DHS, 2013)	N/A (100%)	Remained the same

Goal 5: Improve maternal health	*2001*	*2010*	*2014*	*Target*	*Status*
• 5.1 Maternal mortality ratio	730 per 100,000 (maternal mortality survey, 2001)	2008 690 per 100,000 (countdown to 2015 report) 360 per 100,000 (WHO, World Bank, UNFPA, UNICEF assessment, 2010)	433 per 100,000 (DHS, 2013)	263 per 100,000	High mortality but significant improvement
• 5.2 Proportion of births attended by skilled health personnel	56.8% (MICS, 2005)	56.6% (MICS, 2010)	64.0% (DHS, 2013)	63%	Target exceeded
Target 5B:					
• Achieve by 2015 universal access to reproductive health					Low access
• 5.3 Contraceptive prevalence rate	13.4% (maternal mortality survey, 2001)	13.3% (MICS, 2010)	7.1% (DHS, 2013)	30%	Declined
• 5.4 Adolescent birth rate	103 (2003)	N/A		N/A	
• 5.5 Antenatal care coverage (at least one visit and at least four visits)	97.8% (MICS, 2005)	98.1% (MICS, 2010)		100%	Improved access
• 5.6 Unmet need for family planning	N/A	21.5%		N/A	

Goal 6: Combat HIV/AIDS, malaria and other diseases	*2005*	*2010*	*2014*	*Target*	*Status*
• 6.1 HIV prevalence among population aged 15-24 years	1.42% HIV-1 1.7% (NSS, 2005) 0.5% HIV-2	1.4% (NSS, 2011)	HIV-1 1.15% (NSS, 2012)	0.3% 0.9%	Remained the same
• 6.2 Condom use during last high-risk sex	54.3%-57.9% (BSS, 2005)	33.5% 49.0% (Males) 27.3% (Females) (BSS, 2010)	77.8% (Males) 20% (Females) (BSS, 2012) Note: This relates only to commercial sex workers	N/A 70% (Males) 55% (Females) National Strategic Framework	Declined
• 6.3 Proportion of population aged 15-24 years with comprehensive, correct knowledge of HIV/AIDS	39.2%-34% (Males) 25% (Females) (BSS, 2005)	32.8%-31.7% (Males) 22.9% (Females) (BSS, 2010)	18.20% (Males) 21.80% (Females) (BSS, 2012)	N/A 85% (Males) 80% (Females) (NSF)	Declined
• 6.4 Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years	0.87 65.1% (2005/6) (Universal access, 2006)	1.06 71.4% (MICS, 2010)		N/A 80% (NSF)	Improved
Target 6B:					
• Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it					
• 6.5 Proportion of population with advanced HIV infection with access to antiretroviral drugs	8.8% (2007) (GF R8 proposal)	82.0% (ART survival study, 2011)	86% (ART survival study, 2013)	50% (NSF)	High access

Goal 6. Combat HIV/AIDS, malaria and other diseases	*2005*	*2010*	*2014*	*Target*	*Status*
Target 6C:					
• Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases					Declined
• Incidence and death rates associated with malaria	N/A	N/A		N/A	
• 6.7 Proportion of children under 5 sleeping under insecticide-treated bed nets	49.5% (MICS, 2005)	33.3% (MICS, 2010)	47.0% (DHS, 2013)	N/A	Declined
• 6.8 Proportion of children under 5 with fever who are treated with appropriate antimalarial drugs	52.4% (MICS, 2005)	66.2% (MICS, 2010)	6.7% (DHS, 2013)	80%	Declined sharply
• 6.9 Incidence, prevalence and death rates associated with tuberculosis	N/A	N/A	175 per 100,000 128 per 100,000 (Gambia TB prevalence study, 2013) 4 per 100,000 (PUDR, 2012)	N/A	
• 6.10 Proportion of tuberculosis cases detected and cured under directly observed treatment short course	N/A	N/A	64% 88%	70% (WHO target) 85% (WHO target)	

Goal 7: Environmental sustainability	*2003*	*2010*	*2014*	*Target*	*Status*
• Proportion of land area covered by forest	41.5%	46%		40%	High coverage
• CO_2 emissions, total, per capita	0.196	0.187		0.18	
• Proportion of fish stock within safe biological limits	74.1% (2007)	75%		N/A	Moderate
• Proportion of terrestrial and marine areas protected	4.09%	4.1%		10%	Low coverage
• Proportion of species threatened with extinction	4% (1996) 7% (2000)	25%		3% (2015)	High
• Proportion of population using an improved drinking water source	85.1% (2005)	85.8%	90.1% (DHS, 2013)	85%	High coverage
• Proportion of population using an improved sanitation facility	84.2% (2005)	76.3%	39.8% (DHS, 2013)	92%	Declining
• Proportion of urban population living in slums	59.2% (2007)	45.8%		N/A	Decreasing slightly

Goal 8: Develop a global partnership for development	*2007*	*2008*	*2014*	*Target*	*Status*
• 8.11 Debt relief committed under HIPC and Multilateral Debt Relief Initiative	Qualified for debt relief (December 2007)	Benefited from debt relief after qualifying in December 2007		N/A	Cancellation of debt still outstanding (30%)
• 8.12 Debt service as a percentage of exports of goods and services				N/A	
• 8.13 Proportion of population with access to affordable essential drugs on a sustainable basis				N/A	
• 8.14 Telephone lines per 100 population			3.6 (PURA, 2012)	N/A	Moderate usage

Goal 8. Develop a global partnership for development	*2007*	*2008*	*2014*	*Target*	*Status*
• 8.15 Cellular subscribers per 100 population			105.8 (PURA, 2012)	N/A	Moderate usage
• 8.16 Internet users per 100 population	1,442 (ISP subscribers) (2003)	4,814 (ISP subscribers) (2008) Mobile	0.17 (PURA, 2012) 7.1 (PURA, 2012)	N/A	

Abbreviations: ART, antiretroviral therapy; BSS, behavioural surveillance survey; GDP, gross domestic product; DHS, demographic and household survey; GF, Global Fund to Fight AIDS, Tuberculosis and Malaria; HIPC, Heavily Indebted Poor Countries Debt Initiative; IHS, integrated household survey; ISP, internet service provider; MICS, multiple-indicator cluster survey; N/A, not available; NSF, National HIV/AIDS Strategic Framework; NSS, national sentinel surveillance survey; PUDR, progress update disbursement report; PURA, Public Utilities Regulatory Authority; R8, Round 8; TB, tuberculosis; WHO, World Health Organization; UNFPA, United Nations Population Fund; UNICEF, United Nations Children's Fund.